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M3/13/06--01024--008 **35.00

· COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Disolve Corporation	on
DOCUMENT NUMBER:	P0000007347
The enclosed Articles of Dissolution a	nd fee are submitted for filing.
Please return all correspondence concer	ming this matter to the following:
Dar	vid P. Stark
(Name	e of Contact Person)
Floric	da Savings Bank
	Firm/Company)
8181	SW 117 Street
01011	(Address)
7	
	rest, Florida 33156
(City	/State and Zip Code)
For further information concerning this	matter, please call:
David P. Stark	at (<u>305</u>)235–1750
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following as	mount:
S \$35 Filing Fee □ \$43.75 Filing Fee Certificate of State	
MAILING ADDRESS: Amendment Section Division of Corporations	STREET ADDRESS: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	FSB Development Corp
SECOND:	The document number of the corporation (if known): P0000007347
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	☐ Dissolution was approved by of the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	7066 7066
	(voting group)
	PH 2:
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Robert L. Bonnet (Typed or printed name of person signing)
	President/Director
	(Title of person signing)

Filing Fee: \$35